DETROIT HEALTH DEPARTMENT COMMUNITY HEALTH IMPROVEMENT PLAN

2001-2005

CITY OF DETROIT
HEALTH DEPARTMENT

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Dear Friend of the City of Detroit,

It is my privilege to present you with the Detroit Health Department Community Health Improvement Plan, 2001-2005. This document represents Phase I of the department's health improvement activities and should be considered a working document to be utilized by elected officials, civic leaders, and citizens throughout the city and surrounding community for the furtherance of comprehensive community health planning in Detroit.

The suggested uses of this document are:

1) To provide an overview of the health-related goals, objectives and risk reduction activities that represent the department's programs;
2) To increase public awareness of the health improvement priorities as identified by the department; and
3) To attract the interest of area providers, stakeholders, and consumer constituents to enlist their participation in forthcoming health planning activities throughout the city of Detroit.

I welcome your feedback on the Detroit Health Department Community Health Improvement Plan and its usefulness. Please forward your comments to me or Barbara J. Jones, M.S.A., Director, Office of Health Policy, Planning & Grants Management at (313) 876-4984 or via email at joneslb@health.ci.detroit.mi.us.

The city of Detroit is fortunate to have a wealth of hospital, health planning and community-based health service providers who, like the Detroit Health Department, have maintained a commitment to ensuring that a coordinated system of comprehensive services is available to the citizens we serve. As "*Your Partner in Good Health*," it is my sincere hope that this document, and the future health planning activities that are generated, will ensure that this partnership continues well into the future.

Sincerely,

Judith West, M.P.H.
Deputy Public Health Director

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INTRODUCTION

A comprehensive community health plan is only achievable through the participation of all parties addressing health issues and the health of individuals in the community. This document places emphasis on health promotion, protection, prevention, disease detection and treatment at levels of care short of inpatient care. The intent of the health planning initiative is to assure broad-based community participation including consumers, providers and other stakeholders in the planning process. The ongoing process of plan development and implementation is interactive among all participants and affected parties. The process balances the weight of assessment, policy development and assurance and includes community participation in all three.

This document is regarded as Phase I of the comprehensive community health strategy envisioned. Its publication serves to launch a refined plan development process. It acknowledges that health planning for a major city of nearly one million persons and having a 300-year history cannot begin at the beginning. First and foremost, a great deal of health planning has been going on for years and many programs have served the community well. To varying extents, programs are being evaluated against targets or objectives and program content is being revisited and revised regularly. This publication focuses on 12 health status areas plus a general discussion of institutional access, and serves to show readers how gaps in assessment, policy development, and assurance should be—and in many cases, already are being—bridged. Each section states goals and lists objectives and activities that outline current and future programs.

Phase I has succeeded in bringing together a measure of consensus as to the objectives addressing high priority health issues. It has attached recent accomplishments and current program activities to such objectives (or alternatively, defined objectives to encompass groups of related activities). Finally, it provides a platform on which community-wide planning can begin.

Scope of the
Detroit Health Department
Community Health Improvement Plan

GOAL: Protect the health of Detroit's children

GOAL: Safeguard the public

GOAL: Reduce the burden of chronic disease

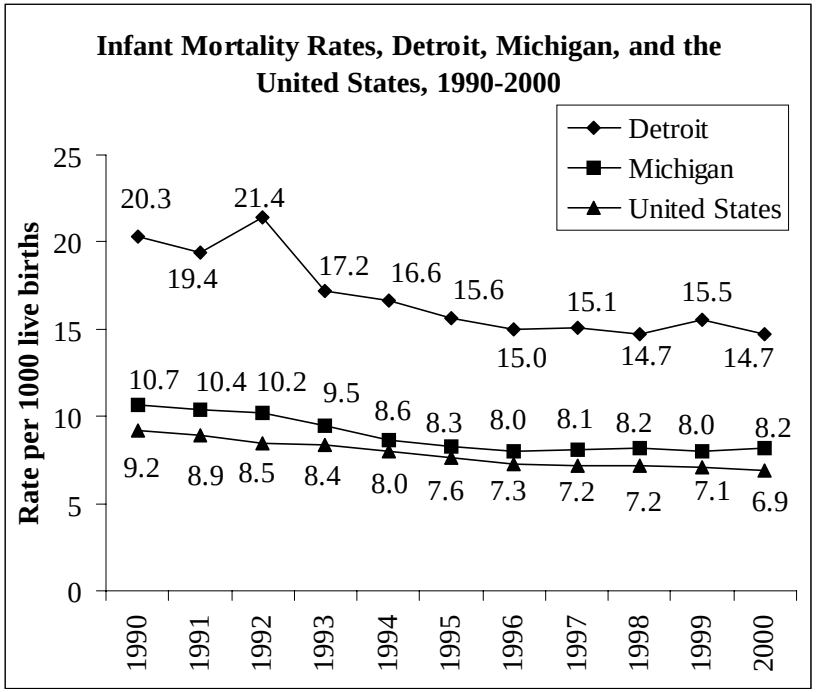
GOAL: Prevent and control communicable disease

GOAL: Eliminate disparities of health services access, health services outcomes and health status among racial, ethnic and socio-economic population groups

INFANT MORTALITY

One of the indicators of the well being of Detroit's children is the infant mortality rate. Although infant mortality has decreased in this country, major racial and socio-economic disparities persist. An examination of Detroit's infant mortality data from years 1990-2000 reveals rates that are consistently high. In 2000, the city of Detroit's infant mortality rate was 14.7 per 1,000 live births, double the national rate of 6.9 and nearly double the state of Michigan's rate of 8.2. Although Detroit comprises 9.6% of the population for Michigan, nearly 21% of the 1,112 infant deaths occurred in the city in the year 2000. Low birthweight, the leading cause of infant mortality for Detroit, looks much the same. While state and national rates hover around 8% of live births, 13.9% of Detroit's live births in 2000 were low birthweight.

By race, maternal and child health indicators look even more serious. Although there were significant declines in mortality for both white and African American infants during the early 1990s, the African American infant death rate continues to remain much higher than the rate for white infants. Statewide in the year 2000, white residents had an infant mortality rate of 6.0 compared to a rate of 18.2 for African American residents. These disparate rates of infant mortality are mirrored in Detroit. In 2000, the rate of infant mortality for white residents of Detroit was 6.3, but was 16.7 for African American residents.



PROGRAM GOALS

Access to education and family planning to prevent unintended pregnancy.

Access to prenatal care for all women of childbearing age.

Access to infant care guidance, such as "Back-to-Sleep."

OBJECTIVES AND ACTIVITIES

Objective 1: To decrease the percent of unintended pregnancies from 48.2% for 1998 to 10% by December 2005.

Risk Reduction Activities:

- Infant Mortality Initiative follow-ups on negative pregnancy tests, providing family planning services.
- Coordination of Family Planning, Primary Care, Public Health Nurses and Public Health Administration, along with personnel involved in Medicaid enrollment and outreach, to assure appropriate assistance.

INFANT MORTALITY

Objective 2: To decrease the pregnancy rate among teenagers aged 15 – 17 years from 76.8 per 1,000 females in 1998 to 60.0 per 1,000 females by December 2005.

Risk Reduction Activities:

- Establishment in May 2001 of the Harper-Gratiot Teen Health Clinic offering pregnancy testing and health education, among other teen health services.

Objective 3: To increase the percent of pregnant women who begin prenatal care within the first trimester of pregnancy for women of all races from 56.9% for 1998 to 90% by September 2005.

Risk Reduction Activities:

- New Infant Mortality Initiative (IMI) with free pregnancy testing and linkage to medical appointments w/ Maternal Outpatient Medical Services (MOMS), transportation, and home visits.
- 961-BABY help line for prenatal care resources.
- WIC programs maintained and enhanced.

Objective 4: To reduce the prevalence of inadequate prenatal care[1] for women of all races from 40% for 1999 to 10% by September 2005.

Risk Reduction Activities:

- Making home visits to provide prenatal care.
- Provision of transportation for prenatal care.
- Billboard and busboard advertising of the importance of prenatal care.

Objective 5: To reduce the infant death rate by December 2005, as measured by a decrease in all races from 15.5 per 1,000 live births in 1999 to no more than 10.0 per 1,000 live births, and African Americans from 17.6 per 1,000 live births in 1999 to 14.0 per 1,000 live births.

Risk Reduction Activities:

- Awarding of Detroit Fetal Infant Mortality Review program grant.
- Implementation of Infant Mortality Initiative.
- SIDS prevention "Back-to-Sleep" campaign.
- Increased physician involvement in high SIDS' ZIP code areas.
- Child Death Review participation to identify gaps in services.
- Detroit Health Department increased postpartum eight-week checkups from 28% (1995-96) to 67.1% (9/1/99 – 8/31/00).

Objective 6: To maintain the percentage of known pregnancies resulting in healthy birthweight between 88% and 92% by accomplishing the following:

1. Increasing by 2% over the baseline the percent of women who consume nutritionally adequate diets, including folic acid, based on the recommended dietary guidelines established by the National Research Council, by December 2005; and
2. Decreasing the estimated percent of pregnant women who use or abuse addictive substances as measured by reducing self-reported cocaine use from 18% to less than 5% by December 2003, and reducing self-reported smoking from 23% to less than 5% by December 2003.

Risk Reduction Activities:

- Healthy Start home visits for nutrition education and referrals for food supplements.
- Implementing Focus Hope/WIC.
- Detroit Health Department coordination with substance abuse prevention and treatment programs (i.e., Eleonore Hutzel Recovery).

[1]Inadequate prenatal care is defined as fewer than five prenatal visits for pregnancies of less than 37 weeks, less than eight visits for pregnancies of 37 weeks or longer, or the first visit not occurring before the end of the fourth month of pregnancy.

TEEN PREGNANCY

According to the National Campaign to Prevent Teen Pregnancy, nearly one million teenagers become pregnant each year. In Michigan, the Department of Community Health reported that 952 abortions were provided to teens in 1999, clearly providing evidence of unwanted pregnancies. Though teen pregnancy has shown a declining trend in general, it remains a significant problem.

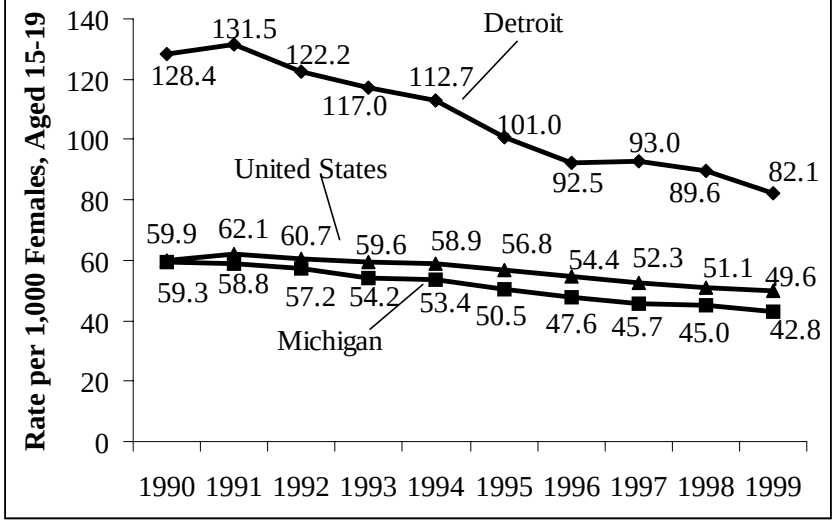
Stakeholders within local communities in Detroit offer a large variety of services to help with this problem (see box). Two groups of youth under the age of 20 have been targeted. First is the group that has not yet become sexually active, who are found mostly in the middle school setting. Related programming encourages abstinence and is designed for children ages 14 and under. The second group is made up of sexually active teens, some of whom are already parents.

Eastside Coordinated Service Center *(4875 Lakeview, Detroit, MI 48215)*
Serving families with minor children.
Northeast Guidance Center *(20300 Kelly Rd., Detroit, MI 48215)*
Mental health agency providing outreach.
St. John Hospital *(4777 E. Outer Dr., Detroit, MI 48234)*
Operates programs in Detroit Public Schools, including "Baby Think It Over" and "You Don't Have to Do It to Prove It."
Federation of Youth Services *(548 E. Grand Blvd., Detroit, MI 48207)*
Provides on-site transitional housing and additional programming.
Catholic Social Services (CSS) *(9851 Hamilton Ave., Detroit, MI 48202)*
Provides on-site transitional housing and additional programming.
Operation Get Down *(9980 Gratiot, Detroit, MI 48213)*
Offers home visits and special needs assistance to youth and families.
Detroit Health Department (DHD) *(1151 Taylor, Detroit, MI 48202)*
Offers many programs for youth through its School Health Division.
Michigan Neighborhood Partnerships *(104 Lothrop, Detroit, MI 48202)*
Faith-based organization assisting youth and families.

Many of these teens are located in high schools. Others have dropped out of school and must be found through the settings they frequent or through their contact with community services. Additionally, pregnancy prevention services are provided to teens aged 15 through 19 years.

Programs addressing abstinence are provided in both the community and school setting. Services addressing the needs of sexually active teens (i.e., contraception and family planning, etc.) are provided in community-based settings due to their ability to dispense contraceptives and other family planning services not permitted in the public school setting.

Birth Rates for Females Aged 15-19, Detroit, Michigan, and United States, Years 1990-1999



TEEN PREGNANCY

PROGRAM GOALS

Decrease the incidence and prevalence of teen pregnancy throughout Detroit, with emphasis on the special needs of high incidence communities.

Assure that all teens residing in Detroit, including those not accessible through the school system, have access to health education, family planning, physical exams, sex education, birth control, STD education/treatment and nutrition education.

OBJECTIVES AND ACTIVITIES

Objective 1: To assure that all teens residing in Detroit have access to clinical services relevant to pregnancy prevention, family planning and birth control, disease prevention and treatment and nutrition education.

Risk Reduction Activities:

• Private sector providers include: Detroit Medical Center primary care clinics providing physicals, STD treatment and contraceptives, among other services; Henry Ford Health System primary care clinics providing physicals, STD treatment and contraceptives, among other services; St. John Hospital primary care clinics providing physicals, STD treatment and contraceptives, among other services; Voices of Detroit Inititative.

• Public sector providers include: Harper-Gratiot Teen Clinic providing physicals, STD treatment and contraceptives, among other services; Bruce Douglas Teen Clinic providing physicals, STD treatment and contraceptives, among other services; Northeast Health Clinic providing physicals, STD treatment and contraceptives, among other services; Herman Kiefer Health Clinic providing physicals, STD treatment and contraceptives, among other services; Grace Ross Teen Clinic providing physicals, STD treatment and contraceptives, among other services; Community Health and Social Services (CHASS).

Objective 2: To decrease the incidence of teen pregnancy in at least three selected high incidence communities by 10%, by 2005.

Objective 3: To assure that research-based educational programming is provided in all middle schools and high schools in Detroit.

Risk Reduction Activities:

• A new program is under development in the Denby, Osborn, and Redford High School areas providing health education, after-school programming, and referrals for health services. Collaboration among the Detroit Medical Center, Detroit Public Schools and the Wayne County Family Independence Agency is taking place to bring about this program.

• A new teen health center (Harper-Gratiot) has recently been added and is accessible for youth in the above three school communities. This is being provided by the Detroit Health Department.

Objective 4: To add to the research base regarding risk behavior associated with high teen pregnancy prevalence in order to point the way for more effective community development activities.

Risk Reduction Activities:

• Youth Tobacco Survey in high schools and middle schools. Studies have indicated that tobacco use correlates with early sexual activity and teen pregnancy.

• Youth Risk Behavior Survey in Detroit area high schools.

IMMUNIZATIONS

Immunization is the process by which a person is rendered immune or resistant to a specific disease**.** In November 1999, the Centers for Disease Control and Prevention (CDC) recommended that all children born in the United States (11,000 per day) should be receiving 12 to 16 doses of vaccine by age two years to be protected against ten very serious vaccine-preventable childhood diseases. Childhood immunizations provide protection against varicella (chicken pox); diphtheria; Haemophilus influenzae; hepatitis B; measles; mumps; polio; rubella; tetanus; and pertusis (whooping cough).

Immunizations against influenza and pneumococcal disease can prevent serious illness and death. Pneumonia and influenza deaths together constitute the sixth leading cause of death in the United States. Influenza causes an average of 110,000 hospitalizations and 20,000 deaths annually; pneumococcal disease causes 10,000 to 14,000 deaths annually. Most of the deaths and serious illnesses caused by influenza and pneumococcal disease occur in older adults and others with compromised immune systems. The CDC also recommends that adults age 50 years and older include a yearly immunization against influenza and a one-time immunization against pneumococcal disease.

In 1998, only 70% of children aged 19 to 35 months from the lowest income households received the combined series of recommended immunizations, compared with 77% of children from higher income households. By the year 2000, 73% of Michigan children under two years of age were immunized in accordance with the CDC's recommendation. This rate has steadily increased since 1991, when only 42% of the state's children under the age of two were immunized. However, current immunization rates in the city of Detroit are at 60%, still substantially lower than the national average.

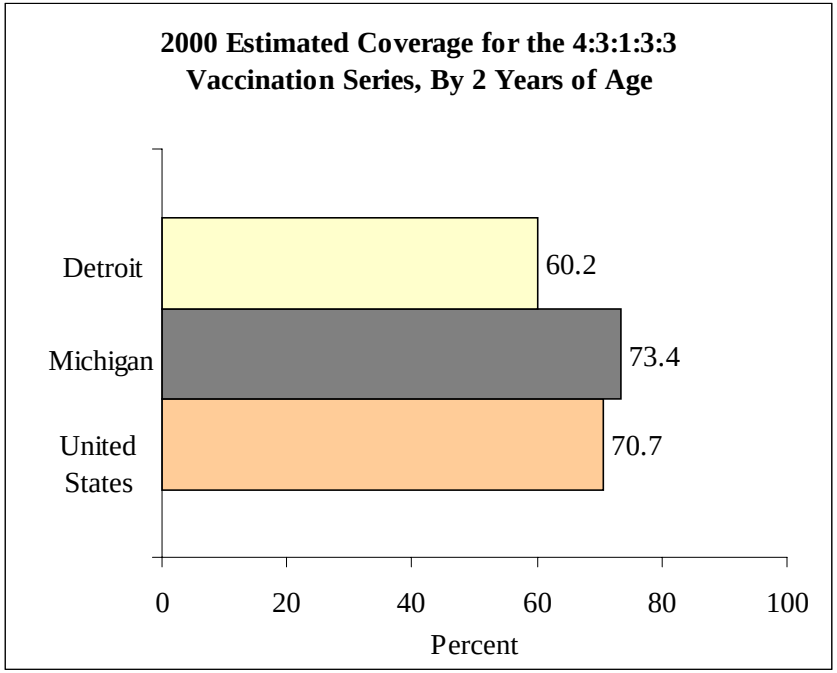
PROGRAM GOALS

Reduce the morbidity and the mortality of vaccine-preventable disease.

Ensure that all Detroit children are fully immunized by 35 months of age in accordance with the recommendations set forth by the Centers for Disease Control and Prevention.

Promote adequate/up-to-date immunizations to all groups.

2000 Estimated Coverage for the 4:3:1:3:3 Vaccination Series, By 2 Years of Age



IMMUNIZATIONS--OBJECTIVES AND ACTIVITIES

Objective 1: To initiate the investigation of suspected cases of vaccine-preventable disease to implement outbreak control measures whenever necessary and interrupt potential disease transmission.

Risk Reduction Activities:

• Within two days of reporting, Detroit Health Department (DHD) Communicable Disease Prevention and Control division staff conduct a thorough investigation of all suspected cases of vaccine-preventable disease. Reports of suspected cases are received from parents, schools or through the Detroit Public Schools' (DPS) offices.

Objective 2: To ensure that 90% of Detroit children are fully immunized by 35 months of age.

Risk Reduction Activities:

• Detroit Immunization Program (DIP) staff coordinate with Field Nursing to provide weekly walk-in immunization clinics at the four DHD primary health care clinics: Herman Kiefer Complex, Grace Ross, Northeast and the Community Health and Social Services (CHASS) Center. Evening and special Fall clinic hours are available.

• DIP provides vaccine doses to four hospital-based clinics and more than 200 private practitioners. The Michigan Vaccine for Children (VFC) program provides immunizations to all uninsured, under-insured, Medicaid, Alaskan-Native and American Indian children.

• The immunization program has developed partnerships with the Family Independence Agency (FIA) and the WIC program to track difficult to reach clients 0-36 months of age who are not immunized.

• Staff members conduct hospital outreach to ensure that all vaccine requirements are implemented according to VFC program requirements and CDC recommendations, including those for newborns and hepatitis B.

Objective 3: To ensure that all providers participating in the Vaccine for Children (VFC) program are enrolled and actively utilizing the Michigan Childhood Immunization Registry (MCIR).

Risk Reduction Activities:

• Provider Service Representatives (PSR) are on staff who are assigned to make contact with VFC program providers; assess their need for vaccine based on eligible patient-load; and encourage participation in the MCIR.

Objective 4: To enforce school entrance requirements in all Detroit elementary schools/preschool, day care centers and Head Start programs.

Risk Reduction Activities:

• DIP staff work with the DPS and other private institutions to enforce the State of Michigan School Aid Act requiring that school-age children within each school are fully immunized at a minimum level of 90% by November and 95% by February of each school year. Non-compliance with this Act calls for a 5% per child reduction in state funding.

• DIP staff also works closely with area schools to ensure that all new enrollees in preschool and kindergarten through grade 12 report immunization records to the health department in accordance with Public Act 368.

• The DIP maintains statistical reports on school immunization levels for reporting purposes, audits all non-reporting schools and provides efficiency reports, and ensures school enforcement.

• The DIP training staff visit schools, day care centers and area Head Start programs to provide education and instruction on how to prevent the spread of disease.

Objective 5: To provide influenza and pneumococcal vaccinations to high-risk children, senior citizens, and individuals with compromised immune systems.

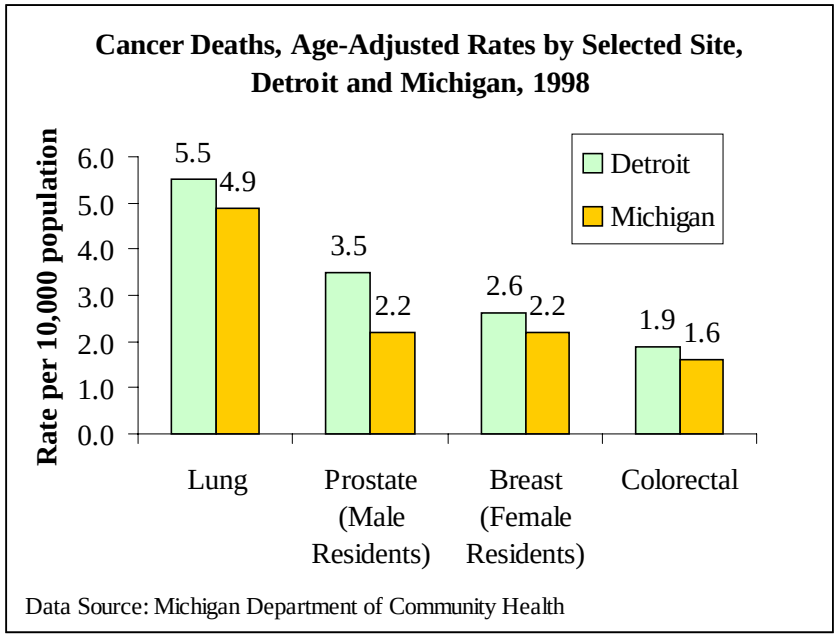
Risk Reduction Activities:

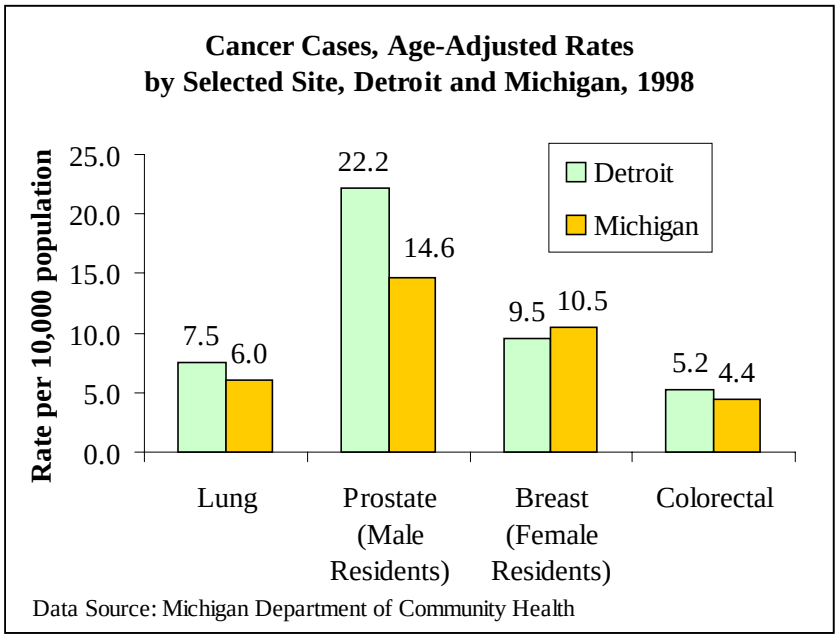
• DIP staff offer influenza and pneumococcal vaccines at various community-based sites including senior citizen and recreation centers and homeless shelters to increase client access. Vaccines are provided November through February to individuals aged 50 years and older; children w/ sickle cell anemia, asthma, etc.; and adults who are immune-compromised by HIV, hepatitis, etc.

CANCER

Cancer is a term for diseases in which abnormal cells in malignant tumors divide without control and continue to do so when new cells are not needed. They can invade and damage nearby tissues and organs. Yet, if diagnosed early, the spread of cancer within the body can often be prevented by surgically removing the invaded tissue. Chemical therapy and radiation are used to inhibit the growth of tumors. Since some cancers are related to environmental exposures and personal decision-making (i.e., tobacco use), cancers of such origin may be prevented. Public education regarding the avoidance of cancer risk is the first echelon of the fight against cancer. Medical research is the second, with the hope of better understanding the related conditions and potentially finding ways to cure this disease at its many body sites. Equally significant in the fight against cancer is the development of treatments that reduce the impact of the disease on the life of the patient and family. If "health" is seen as an ability to carry out daily activities and to be physically comfortable, then much can be done through personal support, education and palliative treatment to benefit the person living with cancer.

The following charts show the relationship between cancer incidence and mortality. In Detroit, prostate cancer (which disproportionately affects African-American men) has the highest incidence rate, while lung cancer has the highest mortality rate. Additionally, breast cancer is the most frequently diagnosed cancer among Michigan women. While caucasian women have the highest incidence rates of this type of cancer, African American women have higher mortality rates.





CANCER

PROGRAM GOALS

Develop and implement planned activities toward the prevention of cancer.

Address the needs of persons and families affected by cancer.

OBJECTIVES AND ACTIVITIES

Objective 1: To enrich the present partnership addressing cancer among Henry Ford Hospital, Detroit Medical Center, Detroit Health Department, Barbara Ann Karmanos Cancer Institute, St. John Hospital, local churches, Voices of Detroit Initiative (VODI), and public media, on an ongoing basis.

Risk Reduction Activities:

• VODI has developed information fact sheets covering personal preventive health measures for distribution to other partners that are then provided to clients and patients.

Objective 2: To provide at least one community-wide training annually for providers on awareness of client needs and cultural barriers.

Risk Reduction Activities:

•Training is provided to Detroit Health Department clinic staff at all Detroit Health Department clinics on a regular basis.

Objective 3: To continually improve and increase screening and follow-up for early detection and reduction of mortality.

Risk Reduction Activities:

• The Detroit Health Department, on a sliding fee scale, as part of physicals, provides screening for breast cancer, cervical cancer, prostate cancer (PSA tests), and oral cancer.

• The Barbara Ann Karmanos Cancer Institute provides low-income women aged 40 – 64 free mammography. Karmanos reports back to the source of referrals and, as needed, follow-up diagnostics and treatment are arranged.

• The Detroit Health Department follows all positive screening results with referrals to partnering hospitals for additional diagnostics and treatment.

• Harper Hospital provides prostate screening (PSA tests) and additional diagnostics and treatment of prostate cancer.

Objective 4: To continually increase community awareness of health status and service resources through health education.

Risk Reduction Activities:

• The Eastside Jamboree provides for the dissemination of preventive health information to the community.

• An information table was provided at the Herman Kiefer Family Health Center, Grace Ross Health Center, Northeast Health Center, and the Coleman A. Young Municipal Center regarding breast cancer and prostate screening, oral health (smoking) and colon cancer (nutrition).

• Karmanos has provided "Summit of Cancer Survivors."

• The American Cancer Society Walk-a-Thon includes the availability to all participants the "Take Control" tool for self-assessment of risk factors. Also provided is a packet on smoking, nutrition and other health behaviors.

• The Detroit Health Department health clinics have advisory boards which help identify community needs at the local level, assist in designing programs and disseminate information to their respective communities.

• A "Men's Guide to Health Tests and Screening" in a handy slide rule format is distributed at the Detroit Health Department health centers.

CARDIOVASCULAR DISEASE

Cardiovascular Disease (CVD) refers to all diseases of the heart and blood vessels. The major forms of cardiovascular disease are coronary or ischemic heart diseases, stroke and peripheral vascular diseases. Heart disease is the leading cause of death in Michigan, amounting to over a third of all deaths in Michigan. CVD mortality rates for African Americans in Michigan far exceed rates among whites. Additionally, heart disease death rates among African Americans in Michigan are well above national rates for African Americans. In the year 2000, 3,276 people in Detroit died from heart disease.

The five major risk factors for cardiovascular disease are hypertension or high blood pressure, high cholesterol levels, cigarette smoking, diabetes and family history of heart disease. Additional risk factors include inactive lifestyle, obesity, and gender.

High cholesterol, high blood pressure, smoking and physical inactivity are all considered independent risk factors for heart disease, and can be modified either through primary prevention and/or medical interventions. Other factors shown to increase cardiovascular disease include overweight or obesity, excessive alcohol consumption, unhealthy diet, diabetes, and psychosocial stress.

The Detroit Health Department, as a community health leader, provides several resources to educate the residents about ways to combat cardiovascular disease. The Detroit Community Health Promotion Program focuses on cardiovascular disease prevention and disperses information through community meetings and special events. The Family Primary Care Network focuses on serving patients who are in need of medical care and have limited resources to pay for medical care. The range of risk factors, the diversity of affected groups, and the necessity of levels of caring from health promotion to acute and long-term care call for a great deal of collaboration among groups that focus on CVD.

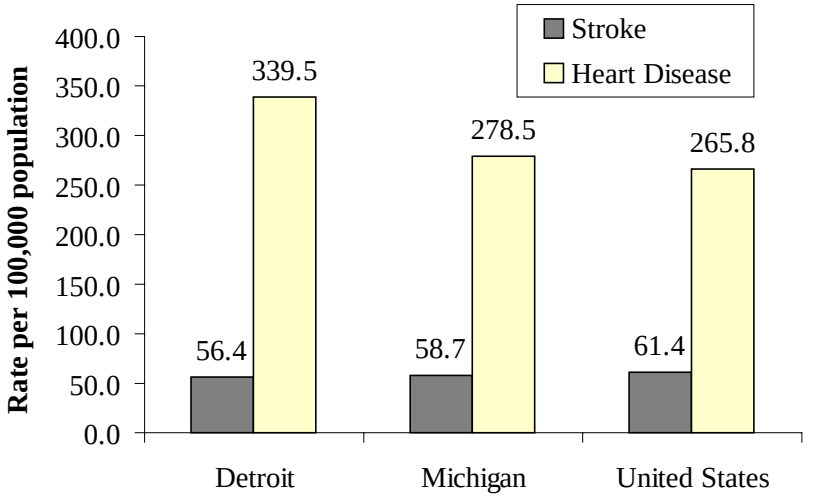
PROGRAM GOALS

Reduce the prevalence of cardiovascular disease risk factors among city residents.

Address the health disparity of cardiovascular disease among ethnic groups.

Increase collaborative ventures among community groups that focus on the prevention of cardiovascular disease.

Death Rates for Stroke and Heart Disease, Detroit and Michigan 2000 and the United States 1999



Data Source: Michigan Department of Community Health

CARDIOVASCULAR DISEASE--OBJECTIVES AND ACTIVITIES

Objective 1: To provide cardiovascular disease risk screening throughout the Detroit community.

Risk Reduction Activities:

• The Detroit Community Health Promotion Program (CHPP) provides CVD screening including blood pressure, cholesterol and glucose measurement.

Objective 2: To provide risk reduction services, including heart health education, nutrition education, smoking cessation, weight management and physical activity for at least 900 participants in such services through the 12 months ending June 30, 2002.

Risk Reduction Activities:

• The Detroit Health Department Community Health Services will provide an annual number of fitness evaluations of at least 200 through June 30, 2002.
• Mo-Town on The Move (self-paced, self-report walking program); clubs are established in neighborhoods, churches, and community groups.
• The Detroit CHPP provides nutrition education at a minimum of four hours to participants in group settings.
• The Detroit CHPP provides weight management group courses of 10 weeks in length.
• The Detroit CHPP provides grocery store tours to provide participants with knowledge of healthy grocery shopping.
• The Detroit CHPP provides at least two cooking demonstrations per year to demonstrate how to make heart healthy meals.
• The Healthy Hustle is offered weekly at the Holistic Development Center.
• Periodically, aerobics classes are offered at community sites.
• Diabetes and cholesterol screening with Metro Detroit Diabetes Coalition.
• Kick Butts (smoking cessation).

Objective 3: To distribute promotional materials regarding good nutrition, prevention of cardiovascular disease and the need for regular physical activity.

Risk Reduction Activities:

• The Detroit CHPP displays educational bulletin boards with related materials.
• Group/individual sessions, health fair booths, distribution of fridge facts and other educational materials and the publication of a quarterly newsletter filled with facts on using exercise and nutrition to reduce cardiovascular disease.

Objective 4: To enrich the present partnering addressing cardiovascular disease among the City Recreation Department, Kidney Foundation, American Heart Association (AHA), Detroit Public Schools (DPS), Butzel Center, Caring Together, NAACP, Wayne State University (WSU) School of Medicine, Greater Detroit Area Health Council (GDAHC), Healthy Detroit, Northwest Neighborhood Empowerment Center, and the Detroit Health Department.

Risk Reduction Activities:

• The Detroit CHPP helps sponsor community events aimed at reducing the prevalence of cardiovascular disease:

1) Hustle for Heart, an AHA event designed to encourage dancing as exercise, attracts nearly 1,000 people each year.
2) Walking for Wellness, a project of the National Black Women's Health Project, encourages African American women to exercise, get regular screenings and to make wellness a part of their everyday lives.
3) Fun/Run, sponsored by the Delta Sigma Theta Sorority, encourages participants to walk and run for good health.
4) The Great American Smoke-out is a campaign hosted each year by the American Cancer Society.
5) National Employee Health and Fitness Day is celebrated each year.

• Cardiovascular Health Coalition meetings.
• Participation in Racial & Ethnic Approaches to Community Health (REACH), Healthy Eating & Exercise to Reduce Diabetes (HEED), African-American Initiative for Male Health Improvement (AIM HI) and Multifaceted Screening.
• Outreach and promotion per national health observation calendar.
• Voices of Detroit Initiative fact sheets.
• Partners in 2000 included DPS, Detroit Medical Center, Harper Hospital Stroke Program, Wayne County Health Department , National Kidney Foundation of Michigan, Delta Sigma Theta Sorority, Inc., Northwest Neighborhood Empowerment Center, Northeast Neighborhood Empowerment Center, GDAHC, Metro Detroit Diabetes Coalition, Caring Together, Henry Ford Hospital, AIM HI Project, Minority Organ Tissue Transplant Education Program, AHA, Michigan Neighborhood Partnership, Holistic Development Center, WSU, and Providence Hospital.

DIABETES

Diabetes mellitus is a condition in which the pancreas no longer produces enough insulin, or when cells stop responding to the insulin that is produced, so that glucose in the blood cannot be absorbed into the cells of the body. Over the past decade, diabetes has remained the seventh leading cause of death in the United States. It is a chronic disease which may cause one or more serious complications including renal failure, heart disease, stroke, blindness, nerve damage and circulatory problems resulting in amputation of limbs.

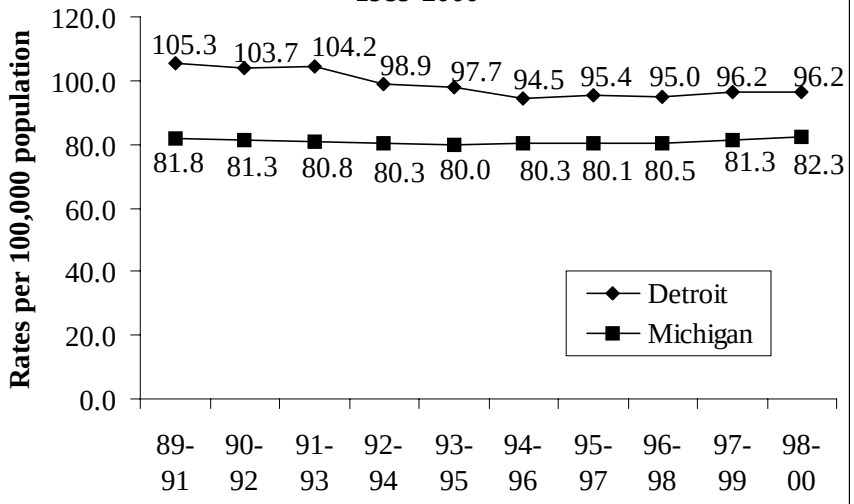
There are three types of diabetes:
1) *Type 1.* Often called juvenile diabetes because it begins most commonly in childhood or early adulthood, this type accounts for 5-10% of diabetes cases. It is more common among whites.
2) *Type 2.* People with type 2 produce insulin, but either the body does not respond to the insulin's action or there is just not enough for the amount of body it must serve. 90 – 95% of diabetics in the United States are type 2 and more than 70% of these persons are obese.
3) *Gestational Diabetes.* This type develops during pregnancy and generally resolves itself after delivery. However, women who have this type are at higher risk for developing type 2 within 5 – 10 years.

The racial disparity of type 2 diabetes is substantial. The rates for the population of Detroit, which is about 85% African American, are startling in comparison to Michigan as a whole and the United States. The onset of diabetes can often be delayed. Specifically targeted is type 2 diabetes, though the health behaviors recommended would be beneficial in affecting the quality of life of persons with type 1 and in delaying the onset of type 2 in persons who have experienced gestational diabetes.

A Finnish study, "reported in the New England Journal of Medicine (May 3, 2001), involved 522 overweight, middle-aged men and women who had high blood sugar levels but no diabetes. Half the participants received individualized diet and exercise counseling. Seven times during the first year, and then quarterly afterwards, these participants received detailed advice from a nutritionist on how to lose weight, reduce fat intake, and increase fiber. They also had personalized guidance on increasing their aerobic activity and were offered supervised strength training sessions. In contrast, control-group participants received general advice and written information about diet and exercise. After four years, those who got detailed lifestyle counseling had a 58% lower risk of type 2 diabetes, while losing an average of seven pounds."[1]

[1]Weil, Andrew, M.D. *Self Healing: Creating Natural Health for Your Body and Mind.* August 2001.

Diabetes Related Age-Adjusted Death Rates, Detroit and Michigan, Three-Year Moving Averages, 1989-2000



Data Source: Michigan Department of Community Health

DIABETES

PROGRAM GOALS

Decrease the prevalence of type 2 diabetes through community education and related lifestyle changes.

Reduce the incidence of disability due to diabetes through early detection and treatment.

Encourage and facilitate greater collaboration among providers and among administrative organizations to improve diabetes care, education, and access to services.

OBJECTIVES AND ACTIVITIES

Objective 1: To assure Detroit Health Department (DHD) primary care center quality of care in terms of client satisfaction, staff awareness and health care intervention.

Risk Reduction Activities:

- Conduct an annual multi-method diabetes care assessment of the three participating DHD primary care centers, including chart audits, client interviews and staff focus groups.
- An application for a grant has been submitted, via collaboration of DHD with the Michigan Diabetes Research & Training Center, that would facilitate a case management approach to diabetes care for 50 clients, as a demonstration.

Objective 2: To facilitate and audit the effectiveness of "group visits" as to the preventive activities of the diabetic participants.

Risk Reduction Activities:

- At least 36 "group visits" annually for diabetes care clients at the Community Health and Social Services (CHASS) clinic.
- At least 12 "group visits" for diabetes care clients at the Herman Kiefer Health Center.
- CHASS center chart audits comparing clients seen in "group visits" to those not seen in groups.
- A 5% improved result from the "group visit" patients for frequency of glycosolated hemogolbin.

Objective 3: To increase the knowledge and skill level of personnel serving persons with diabetes.

Risk Reduction Activities:

- Three professional education programs are to be provided annually for area health center nursing staff.
- Assist at least one additional DHD primary care center staff person in obtaining appropriate training in order to pass the Certified Diabetes Educator examination.

Objective 4: To assist all interested persons to understand, start and maintain self-help and support groups for people with diabetes.

Risk Reduction Activities:

- Two support group training sessions are scheduled for Fall 2001.
- A directory of support groups is maintained and distributed.

Objective 5: To encourage persons at risk of diabetes to adopt a healthy lifestyle and participate in related activities.

Risk Reduction Activities:

- There are a variety of health promotion programs involving prevention of chronic disease, including diabetes. Refer to the Cancer and Cardiovascular Disease sections of this document for an expanded listing of health promotion programs.

TUBERCULOSIS

Tuberculosis (TB) is a communicable disease that is spread through airborne respiratory secretions. Illness resulting from TB infection can occur in people either newly or previously infected with the TB germ. TB mainly affects the lungs and can possibly spread to the bones and other parts of the body. This disease is most easily spread in crowded settings with poor air circulation. Individuals at highest risk of TB disease are immigrants from countries with a high incidence of TB, the homeless, individuals in long-term care facilities, people living in poverty and those who are medically underserved. Alcohol abuse, injecting drug use and persons with HIV or other diseases that repress the immune system also pose a greater risk for TB infection.

According to the Centers for Disease Control and Prevention (CDC), the number of TB cases reported in the United States declined by 7% from 1999 to 2000. The city of Detroit saw a 14% decrease for the same time period. This continuing drop in Detroit TB cases helped contribute to the state of Michigan reporting 13th in the United States for TB incidence, rather than 12th as it had in 1997, 1998, and 1999. Detroit alone accounted for 40% of those cases.

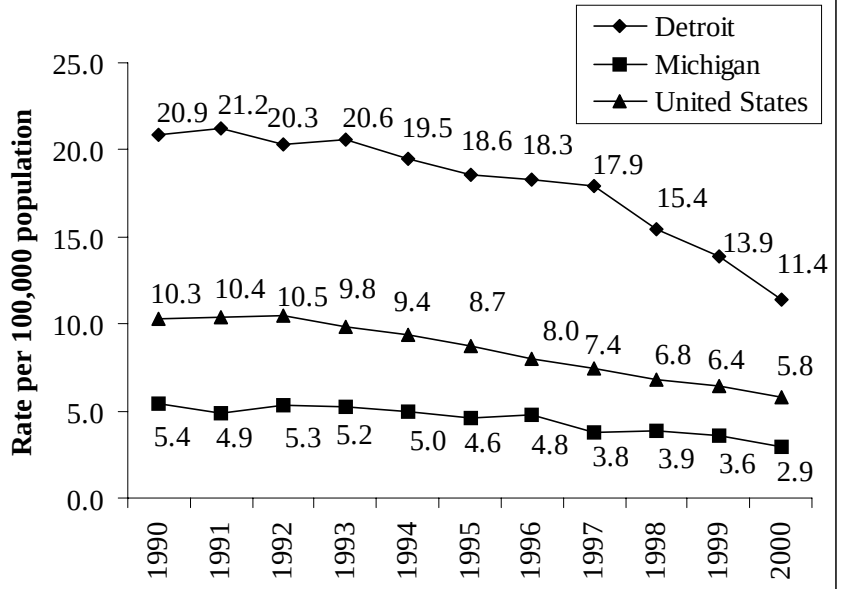
TB remains an urban disease. The CDC reports continue to show higher rates of TB in cities with populations greater than 500,000. The rate has decreased by 3.8 cases per 100,000 since 1997 through 2000. In addition, the burden of disease nationwide rests with minorities. In 1998, according to the CDC, minorities accounted for 27.7% of the United States population, but represented 75.5% of the TB cases. In 1999, although minorities represented 87% of Detroit's population, they accounted for 93% of the reported TB cases. This translates into a health disparity of approximately 6%, which is a 50% improvement over past figures, and significantly better than the national disparity among minorities.

PROGRAM GOALS

Reduce the spread of TB and ultimately eliminate it as a public health threat in Detroit.

Maintain community involvement and organizational partnerships in the development of local TB reduction strategies and initiatives.

Tuberculosis Rates for Detroit, Michigan, and the United States, 1990-2000



TUBERCULOSIS--OBJECTIVES AND ACTIVITIES

Objective 1: To ensure that 85% of patients newly diagnosed with TB, for whom therapy for one year or less is indicated, will complete therapy within 365 days of diagnosis.

Risk Reduction Activities:

- The TB Control Program ensures completion of therapy for TB patients through the use of case management and adherence promotion measures such as outreach, directly observed therapy, incentives and enablers.

Objective 2: To ensure that 85% of contacts of newly diagnosed TB cases will be identified within 48 hours of notification.

Risk Reduction Activities:

- The TB Control Program initiates contact investigation activities with all newly diagnosed TB patients. This includes completing an investigative interview with TB patients to identify contacts at risk for latent TB infection (LTBI). As it is estimated that every patient has an average of 2.5 contacts, when patients report either low or no contacts, program staff complete a thorough assessment to identify contacts. Follow-up with contacts is initiated within 48 hours of notification.

Objective 3: To reduce further spread of TB disease, 85% of contacts of newly diagnosed TB cases will be tested for LTBI within one week of initial identification.

Risk Reduction Activities:

- Once identified, TB Control staff ensure that contacts of newly diagnosed TB patients receive screening and testing for LTBI and begin the appropriate course of treatment within one week following initial identification.

Objective 4: To identify 100% of TB cases who are also co-infected with HIV or AIDS.

Risk Reduction Activities:

- The TB Control Program coordinates with the Detroit Health Department (DHD) HIV/AIDS Programs to ensure that all newly diagnosed HIV cases are screened for TB and referred for services if found to have TB infection. DHD HIV/AIDS Programs has staff assigned to provide HIV counseling and testing services one day per week on-site within the TB clinic. On an annual basis, staff from both programs conduct TB and AIDS registry matches to ensure completeness of reporting of individuals co-infected with both diseases.

Objective 5: To ensure 100% compliance with established protocols specifically designed to address TB infection control for the Health Department TB Clinic.

Risk Reduction Activities:

- The Detroit Health Department has developed and implemented a TB infection control program for the TB Clinic. This plan includes policies and procedures for administrative controls, engineering protocols, and a respiratory protection program. It designates responsibility and authority for implementation and evaluation, and is evaluated on an annual basis related to the State of Michigan accreditation process.

Objective 6: To ensure community member and community organization participation in the local TB reduction interventions.

Risk Reduction Activities:

- The TB Control Program provides leadership to the Detroit Area Council to Eliminate TB. This council functions as an advisory committee advocating for the TB Control Program and provides advice on the development of the Detroit TB elimination plan. This plan will outline program priorities and objectives, reflecting the specific needs of the community and the roles of various groups serving the at-risk population.

SEXUALLY TRANSMITTED DISEASES

Syphilis is a complex sexually transmitted disease (STD) caused by the bacterium *Treponema pallidum*. It is often called "the great imitator" because so many of its signs and symptoms are indistinguishable from those of other diseases. Syphilis is passed from person to person through direct contact with a syphilis sore. Syphilis case rates remain at very high levels for African Americans, especially in the city of Detroit, where 83% of Michigan's syphilis cases are located.

Gonorrhea is an STD caused by a bacterium that can grow and multiply easily in mucous membranes of the body. Gonorrhea bacteria can grow in the warm, moist areas of the reproductive tract, including the cervix, uterus, and fallopian tubes in women, and in the urethra in men and women. The highest rates of infection are usually found in 15 to 19 year-old women and 20 to 24 year-old men. In 1999, 77% of all reported cases in the United States occurred among African Americans.

Chlamydia is the most common STD reported in the United States. It is caused by a bacterium and is often the cause of serious complications, including infertility in women. Chlamydia can be transmitted during oral, vaginal, or anal sex, and can also be passed from infected mother to baby during vaginal childbirth. Three-quarters of infected women and half of infected men have no symptoms.

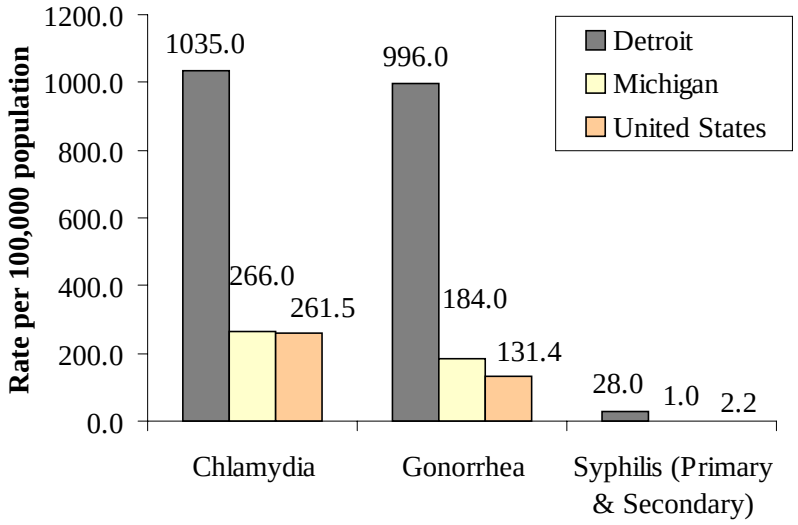
PROGRAM GOALS

Syphilis: Reduce the rate of syphilis cases to less than 5.00 cases per 100,000 population by 2005.

Gonorrhea: Reduce the number of new cases of gonorrhea to less than 8,000 annually.

Chlamydia: Provide broad-based chlamydia screening to all high-risk populations.

Selected STD Rates, Detroit, Michigan, and the United States, 2000



OBJECTIVES AND ACTIVITIES

Syphilis

Objective 1: To collect and analyze behavioral risk factor data for all early syphilis patients, including the population screened through the community-based mobile van.

Risk Reduction Activities:

- The STD Program conducts active surveillance of Detroit's syphilis cases allowing the accurate documentation and reporting of all cases.
- STD prevalence monitoring is conducted with the HIV Mobile Outreach Unit.

Objective 2: To ensure that STD screening is available through the Detroit 36th District Court for all persons arrested for sex crimes, by December 2002.

- Implement syphilis screening at the Wayne County Jail in-processing center.

SEXUALLY TRANSMITTED DISEASES--OBJECTIVES AND ACTIVITIES

Objective 3: To ensure that 95% of early syphilis patients will receive a disease intervention interview, by December 2002.

Risk Reduction Activities:

• Michigan Disease Intervention Specialists (DIS) are in place within the STD Clinic to interview early syphilis patients, discuss safer sex practices, formulate a risk reduction plan to reduce further spread of the disease, and identify any sexual partners for testing.

Objective 4: To analyze monthly case-reported data and behavioral risk factor data by sex, race, census tract and other variables to monitor trends and detect potential outbreaks.

Risk Reduction Activities:

• The STD Program Director meets regularly with 50 identified community leaders statewide to inform and discuss the magnitude of the STD situation and enlist their assistance in developing interventions in the local communities.

Objective 5: To ensure community member and community organization participation in the local syphilis elimination intervention.

Risk Reduction Activities:

• Two local community planning bodies, the *Syphilis Elimination Board* and the *Syphilis Elimination Coalition*, have formed to develop community-based interventions and strategies that work to reduce the spread of syphilis.

Objective 6: To develop independent relationships with community-based organizations, health care providers, and non-traditional providers that serve high-risk and at-risk populations.

Risk Reduction Activities:

• The STD Program has employed a Community Planner to establish referral systems with various facilities (clinics, shelters, etc.) for at-risk populations.

• The STD Program has assigned a full-time coordinator at Wayne County Jail.

• The STD Program has employed a Health Educator to facilitate professional training to targeted health care providers, develop and distribute an STD newsletter, and assist DIS in professional site visits.

• The STD Program has established memorandums of agreement with the *Community Health Awareness Group, Alternatives For Girls,* and *Detroit Health Care for the Homeless.*

Objective 7: To formulate the City of Detroit Rapid Response Team.

Risk Reduction Activities:

• The program has provided on-site space for additional staffing from the CDC who will comprise the DHD Mobile Outbreak Response Team and assist DIS with intervention efforts.

• In the future, syphilis interventions will be applied to reduce the spread of other STDs such as gonorrhea and chlamydia.

Gonorrhea

Objective 1: To conduct disease intervention interviews with 2,500 male gonorrhea patients annually.

Risk Reduction Activities:

• As of December 2000, 2,756 male gonorrhea patients have received disease intervention interviews in order to access risk, develop a risk reduction plan which includes safer sex practices, and to identify potentially infected sexual partners who require testing.

Objective 2: To conduct gonorrhea screening with at least 85% of sexual partners identified through gonorrhea intervention interviews.

Risk Reduction Activities:

• As of June 2000, STD DIS have conducted gonorrhea screening with 61% of identified partners. To increase these numbers, additional gonorrhea interview training has been provided to DIS staff.

Chlamydia

Objective 1: To provide chlamydia testing targeting high-risk individuals in non-traditional service entry points.

Risk Reduction Activities:

• As a participant in the Michigan Department of Community Health's Infertility Prevention Project (IPP), the Detroit STD Program conducts chlamydia screening in area family planning clinics; provides urine-based testing at juvenile detention centers; and conducts outreach to the professional community via presentations and project displays at conferences for medical professionals.

• The Detroit STD clinic has instituted urine-based chlamydia screening of all patients and contact interviews of all untreated asymptomatic patients returning for treatment.

HIV-AIDS

Human Immunodeficiency Virus or HIV is a retrovirus that destroys the essential conductor of the immune system — the T4 cells. *Acquired Immune Deficiency Syndrome* or AIDS is the most serious stage of HIV infection. HIV can be transmitted through the exchange of blood or other bodily fluids, either through unprotected sex, needle sharing, or perinatally from mother to baby. There is no known cure for this disease. The CDC defines the progression from HIV to AIDS as occurring when a person is either: 1) Infected with HIV and has a T4 cell count of less than 200, or 2) Infected with HIV and has contracted one of 26 opportunistic infections or neoplasms. According to the Michigan Department of Community Health, as of July 2001 there were an estimated 13,500 cases of HIV or AIDS within the state of Michigan; 6,050 of those cases were in the city of Detroit. It is also estimated that, in Michigan, the prevalance rate of HIV for African Americans is 606 per 100,000, the rate for Hispanics is 203 per 100,000, and the rate for whites is 66 per 100,000. The rates of infection for women continue to rise; in Michigan, females comprise 23% of all persons living with HIV/AIDS.

PROGRAM GOALS

Reduce the spread of HIV within the city of Detroit and its surrounding communities.

Increase collaborative structures between Detroit Health Department divisions in the development of HIV-reduction strategies and initiatives.

Ensure 100% access to primary medical care and other supportive services for all HIV infected individuals.

Ensure community involvement in the planning, implementation and evaluation of local HIV/AIDS interventions to ensure strategies address the needs of the target population.

OBJECTIVES AND ACTIVITIES

Objective 1: To provide HIV counseling, testing and referral services on-site at the Detroit Health Department (DHD) and in mobile outreach settings.
Risk Reduction Activities:

• The HIV/AIDS Program will continue to improve and expand services including mobile counseling, testing and referral services targeting those hard-to-reach and underserved populations connected to substance abuse treatment centers.

Objective 2: To provide targeted HIV health education, risk reduction, and empowerment training sessions for men, women and adolescents at high risk for HIV infection due to substance abuse.
Risk Reduction Activities:

•The DHD will continue to provide early intervention services, inclusive of psychosocial and educational services designed to reduce the rate of HIV infection among active substance users and their significant others, including:
1) Two Mobile Outreach Units providing a variety of health-related services.
2) The Njideka program (a Swahili word meaning "Survival is Paramount") targeting African American women with histories of substance abuse.
3) The Jemadari program (Swahili for "wise companion") providing support and education to African American men with histories of substance abuse.
4) Today's Adolescents Becoming Aware (TABA) provides peer education training, prevention education for those at risk for substance abuse, substance abusers, those in recovery and/or their sex partners, as well as the adolescent children of parents in substance abuse treatment.
5) The Hepatitis C (HCV) program integrates risk reduction education and psychosocial support services with HCV testing targeting individuals at high risk.
6) The DHD HIV/Substance Abuse Prevention Program is the largest of six training sites in Michigan. The program will continue to develop and conduct a series of HIV risk assessment counselor training sessions, in-services and community presentations on substance abuse and HIV/AIDS.

Objective 3: To support syringe exchange efforts through licensing, monitoring, and information dissemination.

HIV-AIDS

Risk Reduction Activities:

• The DHD will support the expansion of two currently licensed community-based organizations to provide syringe exchange.

Objective 4: To increase the HIV test rate of return to 90% by developing standardized mechanisms for assessing client test readiness and employing those strategies throughout the DHD.

Risk Reduction Activities:

• The HIV/AIDS Program Administrator will meet with all DHD program managers that provide HIV services to formulate uniform pre- and post-test counseling and referral protocols.

Objective 5: To maintain an efficient and effective procurement and monitoring process to ensure access to a continuum of HIV care-related services.

Risk Reduction Activities:

• As the Grantee for Title I and II Ryan White Comprehensive AIDS Resources Act (CARE), the DHD distributes more than $8 million dollars to provide HIV care-related services throughout Southeast Michigan. Services include primary medical care, case management, mental health therapy, home health care, etc., to more than 5,000 persons living with HIV/AIDS annually.

Objective 6: To identify individuals who are HIV-infected to ensure early access to primary medical and other supportive services.

Risk Reduction Activities:

• The HIV/AIDS Program provides HIV targeted outreach and advocacy services to those who are HIV infected, but are not yet accessing care.

Objective 7: To stabilize the living situation of HI- positive individuals in order to improve compliance with primary medical care.

Risk Reduction Activities:

• As the Grantee for the U.S. Department of Housing and Urban Development's Housing Opportunities for Persons with AIDS (HOPWA) program, DHD allocates more than $1.5 million in housing-related resources to community-based housing programs. Services include housing subsidies, direct emergency financial assistance, housing placement services, transitional housing and support for temporary shelters.

Objective 8: To improve screening and placement in case management and housing services through the development and implementation of a system of centralized intake.

Risk Reduction Activities:

• The HIV/AIDS Program will hire trained social workers to assess and triage potential case management and/or housing clients to ensure that they receive the appropriate level of assistance.

• The HIV/AIDS Program will implement a comprehensive shared database to track client activities throughout the continuum of care, improving service coordination and reducing duplication, in keeping with the mandates outlined in the Health Insurance Portability and Accountability Act.

Objective 9: To ensure community member and community organization participation in local HIV prevention and care interventions.

Risk Reduction Activities:

• Two local community planning bodies are mandated to develop community-based interventions that will improve the region's ability to reduce the spread of HIV and ensure early access to HIV medical care and other supportive services:

1) The Region I Community Prevention Planning Group (RCPPG-I) establishes HIV prevention priorities and identifies strategies/ interventions to address them. Members include HIV prevention service providers, substance abuse, mental health, local public health and representatives of the at-risk population.

2) The DHD works in partnership with the Southeastern Michigan HIV/AIDS Council (SEMHAC) to address the HIV care-related needs of people living with HIV/AIDS. SEMHAC's mission is to strengthen a coordinated regional response to the HIV epidemic in Southeast Michigan by involving persons affected by HIV/AIDS as well as community leaders in the public and private sector.

3) The DHD HIV/AIDS Program provide staffing and logistical support to the Michigan Women and AIDS Committee. The committee advocates on behalf of women and addresses other HIV-related issues that affect women.

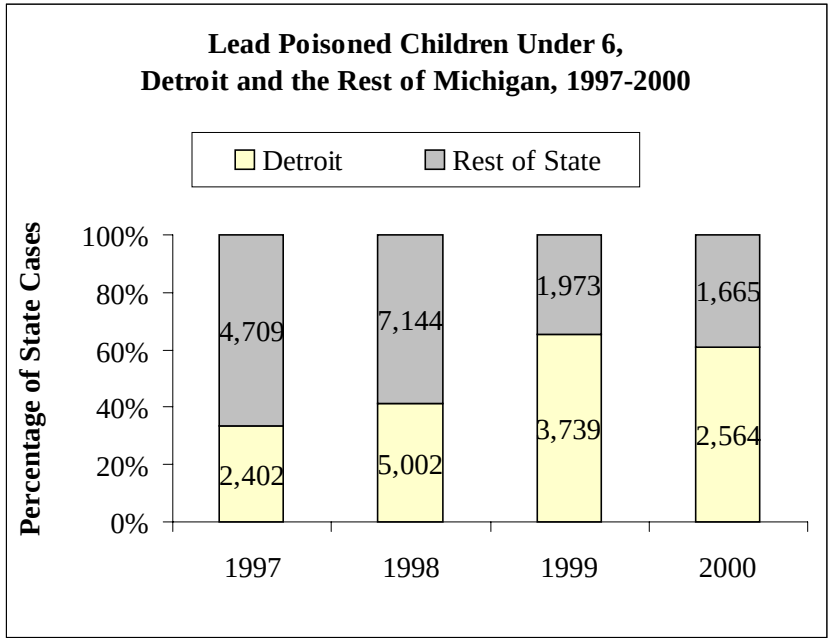
Objective 10: To develop independent relationships with community-based organizations that serve high-risk and at-risk populations.

Risk Reduction Activities:

• The HIV/AIDS Program has assigned a staff member to the Wayne County Jail to provide counseling, testing, treatment and partner notification services.

CHILDHOOD LEAD POISONING

Lead is a poisonous metal that can be swallowed or inhaled. This can result in harmful effects. Known as 'lead poisoning,' a high amount of lead in the blood may damage the blood, bones, and organs. It can cause learning problems and affect behavior. At high levels in the body, lead can cause seizures, a coma or even death. Lead poisoning is most harmful to children, especially from birth through age six. There are several ways a child may become lead poisoned. Anyone who lives in an old house or apartment (built before 1978) may be exposed to lead from the paint, building supplies, or plumbing. The soil around the home may also contain lead. To address this problem, the Detroit Health Department maintains a Childhood Lead Poisoning Prevention and Control Program. Its purposes are to provide screening of children under age six and to assure related record keeping. The department works cooperatively with other city departments to facilitate finding sources of lead poisoning and in housing code enforcement.



In the year 2000, there were 2,561 confirmed cases of lead poisoning in the city of Detroit for children under 6. Two-thirds of the cases of childhood lead poisoning in the state were from Detroit children. However, most Detroit children have NOT been tested. In 2000, only 22% of Detroit children were tested. All Detroit children under age six should be tested for lead poisoning.

PROGRAM GOALS

Assure increased public awareness, increased provider education, improve management and record systems and increased application of universal lead testing policy.

Maintain medical and environmental case management of identified children with elevated blood levels and address environmental issues for remediation as needed.

OBJECTIVES AND ACTIVITIES

Objective 1: To disseminate the Detroit Health Department Childhood Lead Poisoning Prevention and Control Program (DHD-CLPPCP) universal testing policy to 95% of the medical providers serving Detroit children, by June 30, 2002.

Objective 2: To assure that 95% of lead-related information is unduplicated and cases are appropriately closed, by June 30, 2002.

Objective 3: To begin collaboration with at least two outside agencies in order to gather more accurate information on child and home-related data in STELLAR, by July 1, 2001.

Risk Reduction Activities:

- Develop a database of medical providers serving Detroit children.
- Mail DHD-CLPPCP universal testing policy to all providers in the database.
- Conduct a childhood lead poisoning prevention workshop targeting office managers from local providers' offices to promote the universal testing policy.

• Train personnel on STELLAR usage and case closure.
• Pilot and implement a registry of lead-safe homes to assure effective communication between city departments.
• Purchase GIS software to evaluate the distribution of lead exposure sites.
• Assure valid data is reported to MDCH, CDC, and in STELLAR via partnerships with said organizations, Wayne State University, and others.

Objective 4: To increase the percent of Detroit children 1 and 2 years of age tested for lead poisoning from 40% in FY 2000 – 2001 to 50% in FY 2001 – 2002.

Objective 5: To increase the percent of Detroit children 6 years of age and under tested for lead poisoning from 34% in FY 2000 – 2001 to 50% in FY 2001 – 2002.

Objective 6: To increase lead testing of children ages 1 and 2 living in Detroit and enrolled in Medicaid by 10,000 children, by June 30, 2002.

Risk Reduction Activities:
• Collaborate with the Wayne County Health Department to test children under age 6 and refer them, as needed.
• Compare the Medicaid database with STELLAR to identify children who have not been screened for lead poisoning.
• Contact Medicaid providers serving children under 6 to increase screening.
• Expand current link with DHD WIC referral process from 4 to 10 sites and increase implementation of capillary lead test along with other blood draws.
• Establish partnership with contractual WIC providers at two sites to test Medicaid children under 6 years for lead during WIC visits.

Objective 7: To increase non-traditional testing sites by three to test children for lead, by June 30, 2002.
Risk Reduction Activities:
• Establish lead testing in non-traditional sites such as retail stores, health fairs, churches and at community events, in collaboration with local organizations.

Objective 8: To provide in-service training to physicians and formal training to lead program staff, by June 30, 2002.

Objective 9: To collaborate with at least five agencies/organizations to promote lead- safe habits and the lead testing guidelines, by June 30, 2002.

Risk Reduction Activities:
• Provide training on lead testing to WIC staff by September 1, 2001 and after.
• Identify all health care providers who provide pediatric care in the city and assure that at least 25% of Detroit medical providers identified from the state Medicaid Services Administration database have access to in-service training.
• Establish partnerships with organizations in Detroit, including community-based orgs., churches, speakers bureau, etc., for lead poisoning outreach activities.
• Provide video and other materials as needed and re-establish CLPPCP community newsletter and use the City of Detroit website for dissemination.

Objective 10: To assure that 100% of children with blood lead levels of 10 ug/dl and greater receive follow-up as per protocol, by June 30, 2002.

Objective 11: To assure lead remediation/interim activities are pursued on 100% of CLPPCP referred addresses, beginning July 1, 2001.

Objective 12: To facilitate 100% tracking of environmental activities and assure that all lead-related activities are maintained in STELLAR, by June 30, 2002.
Risk Reduction Activities:
• Run batch reports from STELLAR daily and refer cases for follow-up.
• All Public Health Nurses to perform home visits according to protocol daily.
• Public Health Nurses will conduct case conferences with environmental specialists, social workers, nutritionists and collaborating partners involved with their clients when appropriate, by July 1, 2001 and monthly thereafter.
• Pursue all legal mechanisms for assuring property owners take remediation action as specified, including photographing of identified lead hazards.
• Continue to collaborate with other city departments, ClearCorp, and other agencies to effectively remove and/or notify the community of hazards found.
• Identify gaps in policy and procedures in which identified homes with lead hazards have not been addressed by collaborative agencies. Develop policy recommendations to assure remediation activities that will increase the number of lead-safe residential properties in Detroit.

FOOD SANITATION

The Michigan Food Law of 2000 requires the person in charge of a food facility to:

1) Recognize diseases that are transmitted by foods.
2) Inform employees of reporting requirements.
3) Restrict or exclude affected food workers.
4) Notify regulators when an employee is diagnosed with a "Big Four" illness.

There are nearly 300 organisms associated with foodborne illness. Section 2-201.11 of the Food Code identifies some the more common symptoms of illness that can be easily spread by food including:

- Diarrhea
- Vomiting
- Jaundice
- Fever
- Sore throat with fever
- Discharge from the eyes, nose and mouth
- Infected wounds and boils

The Food Code singles out four particularly dangerous organisms because they are both highly infectious (it may take only a few organisms to infect a person) and highly virulent (a person can become severely ill once infected). These organisms have been called the "Big Four" and include:

- Salmonella typhi
- Shigella spp.
- E coli 0157:H7
- Hepatitis A virus

The Food Code requires persons in charge to prevent food contamination by employees with certain medical conditions. The worker can be *restricted* or *excluded*. Restriction means preventing an employee from working with exposed food, cleaning equipment, utensils and linens, and unwrapped single service and single-use articles. Exclusion means the employee is not allowed in any part of the food establishment.

Reported Cases of Selected Foodborne Illnesses, Percentage of State Cases, Detroit, Michigan, 1993-1998

Disease		Year					
		1993	1994	1995	1996	1997	1998
Salmonella	Detroit	119	112	115	160	75	107
	% of Michigan Cases	15%	13%	12%	16%	8%	9%
Shigellosis	Detroit	369	153	135	133	44	65
	% of Michigan Cases	45%	35%	28%	30%	13%	23%
E. Coli	Detroit	1	1	0	2	2	2
	% of Michigan Cases	2%	1%	--	2%	1%	2%
Viral Hepatitis A	Detroit	22	26	69	153	315	1,053
	% of Michigan Cases	10%	7%	19%	30%	3%	49%

FOOD SANITATION--OBJECTIVES AND ACTIVITIES

Objective 1: To inspect at least 85% of fixed food service establishments every six months, as mandated by accreditation. This would amount to 3,664 inspections annually.

Objective 2: To inspect all mobile food service operations and vending machines.

Objective 3: To issue temporary food service permits for festival activities, etc.

Objective 4: To respond to all general observation and foodborne illness complaints by initiating contact with the person filing the complaint within 48 hours. If the findings indicate an outbreak, a report summarizing the findings is forwarded to the state within 30 days of closure of the investigation.

PROGRAM GOALS

Assure the safety of food served in public restaurants, from mobile food service units, from vending machines and at temporary food serving events.

Assure a response capability in case of a major foodborne disease outbreak.

Respond to major violations assertively, yet provide a fair response mechanism for lesser violations, enforcing compliance in either case.

Risk Reduction Activities:

- The Detroit Health Department Food Sanitation Division takes inspection and regulatory responsibility for this function on an ongoing basis. In year 2000/01, 88.5% of all fixed food service establishments were inspected every six months (3,814 inspections). Since then, the state standard has been lowered from 90% to 85%.
- The Detroit Health Department Food Sanitation Division responded to 286 general complaints (customer observations without illness) and 79 incidences of illness during calendar year 2000. An outbreak requiring an investigation is defined by the illness of at least two persons, not of the same household.
- The Detroit Health Department Food Sanitation Division provides training for all food service workers annually. Every such worker is required to attend the one-hour session each year.
- The Detroit Health Department has established, in year 2000, a Foodborne Illness Task Force. This group is to be activated in the event of a large scale foodborne outbreak. In such a situation, the team members work together to facilitate control, health education, surveillance, and in containing the outbreak. The most likely Detroit Health Department Divisions to be involved are Food Sanitation , Community and Industrial Hygiene, Community Field Nursing, and the Laboratory.
- Enforcement activities can involve an immediate closing of an establishment. Generally, however, a citation is followed by a re-inspection. After a series of unsuccessful responses to Detroit Health Department citations, the case receives one or more opportunities for a hearing prior to being bound over to the 36th District Court.

SUBSTANCE ABUSE

"More than 120,000 citizens of Detroit are addicted to alcohol or drugs. The financial cost of this problem is estimated to be over $925 million annually, but more important are the negative impacts on health and safety that these illnesses produce."
--Dr. Calvin Trent, Jr., Director, DHD Bureau of Substance Abuse, as quoted in *Health Care Weekly Review*, July 11, 2001

Risk factors for substance abuse can be classified into the following four categories:
1) Community Risk Factors: availability of drugs, firearms (delinquency and violence) laws and norms favorable towards drug use, low neighborhood attachment and economic deprivation.
2) Family Risk Factors: family history of problem behavior, how the family manages problems, family conflict and parental attitudes towards and involvement in substance abuse.
3) Individual Risk Factors: alienation, rebelliousness, lack of bonding to society, friends who engage in substance abuse, favorable attitudes towards substance use, and early initiation into substance abuse.
4) School Risk Factors: the structure and process for school and classroom management, the structure of opportunities for participation in prosocial activities and levels of classroom activities.

The Bureau serves two vulnerable populations: the uninsured and Medicaid recipients. Together, nearly 12,000 persons in these two populations, of which 91% were African American, were served by the Bureau in FY 98/99. Of these 12,000 persons, 43% were Medicaid recipients and 57% were uninsured. The unemployment rate for both of these groups was over 80% when entering treatment. Substances of abuse in these populations include heroin and other opiates (41.9%), cocaine (30.5%), alcohol (19.5%), and marijuana (7.8%). Together, these four substances accounted for 99.6% of treatment episodes recorded during this fiscal year.

PROGRAM GOALS

Assure availability and accessibility of substance abuse assessment and treatment services for city residents.

Take such action as appropriate to reduce the incidence and prevalence of substance abuse through prevention and early detection.

To develop cost effective substance abuse strategies through a managed care model.

OBJECTIVES AND ACTIVITIES

Objective 1: To assure that at least 275 residents of vulnerable populations under age 20 will be receiving substance abuse treatment services through the Detroit Health Department Bureau of Substance Abuse (DHD BSA) by December 31, 2002.

Risk Reduction Activities:

- The DHD BSA is developing an aggressive outreach plan that will target children of substance abusers. At-risk adolescent services are being provided on site at the DHD Sucessful Accountablity for Evaluating Troubled Youth (SAFETY) program.

Objective 2: To assure that at least 2,200 female residents of childbearing age in vulnerable populations will be receiving substance abuse treatment services through the DHD BSA, by December 31, 2002.

Risk Reduction Activities:

- The DHD BSA contracts with the Eleonore Hutzel Recovery Center (EHRC), which specializes in the treatment of the pregnant substance abuser, Self-Help Addiction Rehabilitation (SHAR) Women and Children, Genesis House III and Positive Images to provide gender specific treatment services.

SUBSTANCE ABUSE

Objective 3: To assure that at least 12,000 residents of vulnerable populations who are substance abusive will be receiving substance abuse treatment services by or through the DHD BSA by December 31, 2002.

Risk Reduction Activities:

- Substance abuse services to intravenous drug users have reached 90% capacity during FY 99/00. The HIV Mobile Unit and service providers provide ongoing outreach services.
- The DHD BSA, in FY 99/00, increased sub-acute detox slots through contracting with Detroit Rescue Recovery Mission and Quality Behavioral Health for 36 beds, representing a 200% increase in bed capacity.
- The DHD BSA serves as the Medicaid managed care manager for services to substance abusive or dependent residents.
- Increase number of Medicaid recipients referred by Family Independence Agency and other agencies funded by the Michigan Department of Community Health. The DHD BSA will assess 30% by the end of FY 00/01.

Objective 4: To assure the continuum of care availability for all identified substance abusers regarding HIV/AIDS, TB, hepatitis B and other infectious diseases, without regard to ability to pay or type and level of medical coverage, by December 31, 2002.

Risk Reduction Activities:

- All residents seeking substance abuse services are provided an orientation at the Central Diagnostic & Referral Services (CDRS) during intake on communicable diseases.

Objective 5: To assure that at least 95% of persons seeking urgent substance abuse assessment services will receive such services within 24 hours of referral or presentation by or through the DHD BSA, by December 31, 2002.

Risk Reduction Activities:

- The DHD BSA CDRS will assess 90% by the end of FY 00/01.
- Approximately 14,000 clients are assessed and referred by the CDRS. BSA CDRS will assess 90% by the end of FY 00/01.

Objective 6: To assure that at least 95% of persons seeking substance abuse treatment services will receive treatment within 24 hours for an urgent situation, and within five days for a non-urgent situation, through the DHD BSA by December 31, 2002.

Risk Reduction Activities:

- The Prevention Coordinators have specific risk reduction protocols for addressing these objectives for FY 00-01.

Objective 7: To assure that at least 75,000 persons receive drug prevention services through the DHD BSA during FY 01-02.

Risk Reduction Activities:

- Will assess 50,000 by the end of FY 00-01.

Objective 8: To assure that the DHD BSA will maintain an ongoing city-wide training focusing on skills development for professionals such as law enforcement personnel, judges, court personnel and other interested individuals on substance abuse prevention.

Objective 9: The DHD BSA will maintain a regularly scheduled series of prevention workshops designed to educate and mentor low- risk offenders.

Risk Reduction Activities:

- A committee of the Partnership for a Drug-Free Detroit has been established and assigned the task of reviewing and adapting validated curriculum (research based) for local use.
- Churches who are members of the Partnership have been recruited to participate in the "Adopt-An-Offender" program, thereby providing needed support for the offender.

Objective 10: To assure continuous interagency coordination of all city departments and community programs addressing the needs of substance abusers and the communities affected by the disease of substance abuse.

Risk Reduction Activities:

- The DHD BSA has established coordination and cooperation agreements with the court systems, law enforcement and mental health care providers for case identification, assessment, referral and follow-up.

Objective 11: To increase community awareness of substance abuse as a disease and public health risk, as well as its implications for community stability and progress.

Risk Reduction Activities:

- Public media communication is managed and funded by the DHD BSA on an ongoing basis, including public service announcements on major radio stations, press releases, and a quarterly newsletter.

INSTITUTIONAL ACCESS

Regardless of the availability of services, barriers to obtaining those services result in unnecessary health problems in a population. If a service is there but the people who need it cannot get to it, then the problem is accessibility, rather than availability. Accessibility problems come in many forms, some more obvious than others. The most obvious is the inability to pay for services, which often affects those persons who do not have health insurance coverage. Another barrier occurs when a service location is not in proximity to the population needing it. Those without personal transportation are especially affected by this barrier, as are those who cannot leave their primary responsibility of care-giving or childcare during clinic hours to obtain services. The objectives and activities in this section serve to eliminate these and other barriers to obtaining health services in order to ensure that all residents have access to the services they need.

OBJECTIVES AND ACTIVITIES

Objective 1: To assure access by pregnant women to prenatal care, regardless of ability to pay for services and to improve the health status indicators and behavioral risk indicators.

Risk Reduction Activities:

- Healthy Start has experienced a decline in client percentage of low birthweight births from 26.7% (9/92-8/95) to 14% (CY 96-98). Healthy Start provides access to health insurance for pregnant women.
- Healthy Start has increased the percentage of pregnant Healthy Start clients who reduced/stopped substance use during pregnancy from 16.3% (tobacco) and 35% (drugs) in the period from 3/92 to 6/93 to 71.4% (tobacco) and 41.7% (drugs) in the period 9/99 to 8/00.
- WIC programs have been maintained and enhanced in the Detroit community.
- Establishment of Maternity Outpatient Medical Services (MOMS).
- Increasing enrollment in Healthy Kids, Healthy Kids Prenatal/MOMS and MIChild Insurance Programs.
- Case finding and case management programs by Healthy Start.

Objective 2: To address the special needs of persons with HIV/AIDS or substance abuse problems that have resulted in their inability to obtain or sustain health insurance coverage.

Risk Reduction Activities:

- Development of Detroit HIV Crisis Response Team Initiative.
- Obtaining of $1.7 million grant for Housing of People with AIDS.
- Development of RARE (Rapid Assessment Response and Evaluation) Care Mobile Unit, which offers HIV preventive and care services in a mobile setting.

Objective 3: To obtain increased funding for special population groups such as the homeless, dually diagnosed (Mental Health/Substance Abuse), and triply diagnosed (Mental Health/Substance Abuse/HIV). Human service agencies estimate there are between 25,000 and 30,000 homeless persons in the Detroit area.

Risk Reduction Activities:

- The Neighborhood Service Organization (NSO) 24 Hour Walk-In serves about 8,000 homeless people, of which approximately 70% to 75% are substance abusers, and the other 25% are at risk of becoming substance abusers because of their environment.
- The Detroit Salvation Army also serves the homeless. The client population has changed from “alcoholic” white males in their fifties to young African American males in their twenties who use cocaine/crack.

Objective 4: To increase the amount of institutional collaboration addressing and increasing access to services in the Detroit community.

Risk Reduction Activities:

- Partnering among the Bureau of Substance Abuse, Southeastern Michigan HIV/AIDS Council (SEMHAC), and the Regional Community Prevention Planning Group (RCPG).
- Addressing infant mortality, collaboration among Detroit Health Department, Detroit/Wayne County Child Health Coalition, Robert Wood Johnson Foundation, OmniCare MC, and Wellness Plan MC.

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COMMUNITY HEALTH IMPROVEMENT PLAN AFFILIATES

CHIP Affiliates	CHIP Topics/Sections
Adopt-An-Offender (Faith-Based)	Substance Abuse
American Cancer Society	Cancer, Cardiovascular Disease (CVD)
American Heart Association	CVD
AIM High (Henry Ford Hospital)	CVD
Alternatives for Girls	STD
Barbara Ann Karmanos Cancer Institute	Cancer
Bruce Douglas Teen Clinic	Teen Pregnancy
Bureau of Substance Abuse	Substance Abuse, Institutional Access
Butzel Center	CVD
Community Health Awareness Group (AA IDUs)	STD
Community Health and Social Services (CHASS)	Diabetes, Teen Pregnancy
Caring Together	CVD
Catholic Social Services	Teen Pregnancy
Child Death Review	Infant Mortality
City Recreation Department	CVD
Clear Corp.	Lead Poisoning
Community-Based Organizations (CBOs)	Lead Poisoning
Delta Sigma Theta Sorority	CVD
Detroit Area Council to Eliminate TB	TB
Detroit Community Cardiovascular Coalition	CVD
Detroit CHPP	CVD
Detroit Department of Planning & Development	Lead Poisoning
Detroit Fetal Infant Mortality Review	Infant Mortality
Detroit HIV Crisis Response Team Initiative	HIV-AIDS, STD, Institutional Access
Detroit Rapid Response Team	HIV-AIDS, STD, Institutional Access
Detroit Rescue Mission Ministries (DRRM)	Substance Abuse
Detroit Health Care for the Homeless	STD
Detroit Housing Commission	Lead Poisoning
Detroit Immunization Program (DIP)	Immunization
Detroit Medical Center	Cancer, CVD, Teen Pregnancy
Detroit Police	Substance Abuse
Detroit Public Schools	CVD, Immunization, Substance Abuse
Detroit Salvation Army	Institutional Access
Detroit/Wayne County Child Health Coalition	Institutional Access

COMMUNITY HEALTH IMPROVEMENT PLAN AFFILIATES

CHIP Affiliates	CHIP Topics/Sections
Eastside Coordinated Service Center	Teen Pregnancy
Eastside Jamboree	Cancer
Eleanor Hutzel Recovery (EHRC)	Infant Mortality, Substance Abuse
Family Independence Agency (FIA)	Immunization, Substance Abuse
Family Planning	Infant Mortality
Federation of Youth Services	Teen Pregnancy
Focus Hope/ WIC	Infant Mortality
Genesis House III	Substance Abuse
Get Active Detroit Fitness Council	Diabetes
Greater Detroit Area Health Council	CVD
Harper-Gratiot Teen Health Clinic	Infant Mortality, Teen Pregnancy
Harper Hospital	Cancer, CVD
Healthy Kids Prenatal	Institutional Access
Healthy Detroit	CVD
Healthy Start	Infant Mortality, Institutional Access
HEED (Healthy Eating and Exercise to reduce Diabetes)	CVD, Diabetes
Henry Ford Health System	Teen Pregnancy
Hepatitis C (HCV) Program	HIV-AIDS
Holistic Development Center	CVD
Housing of People with AIDS	Institutional Access
Infant Mortality Initiative (IMI)	Infant Mortality
Jemadri (AA Men w History of SA)	HIV-AIDS
Joining People with Diabetes	Diabetes
Kidney Foundation of Michigan	CVD
Maternal Outpatient Medical Services (MOMS)	Infant Mortality, Institutional Access
Metro Detroit Diabetes Coalition	Diabetes
Michigan Disease Intervention Specialists (DIS)	STD
Michigan Women and AIDS Committee	HIV-AIDS
MIChild	Institutional Access
Minority Organ/Tissue Transplant Educ	CVD
Michigan Neighborhood Partnership	CVD, Teen Pregnancy
Morris J. Hood project	Diabetes
Mo-Town on the Move	CVD
Multi-faceted Screening	CVD

COMMUNITY HEALTH IMPROVEMENT PLAN AFFILIATES

CHIP Affiliates	CHIP Topics/Sections
NAACP	CVD
Natl Black Women's Health Project	CVD
961-BABY Help Line	Infant Mortality
Neighborhood Service Organizations (NSO)	Institutional Access
Njideka (AA Women w history of SA)	HIV-AIDS
Northeast Guidance Center	Teen Pregnancy
Northwest Neighborhood Empowerment	CVD
Northwest NHEC	CVD
OmniCare MC	Institutional Access
Operation Get Down	Teen Pregnancy
Partnership for a Drug-Free Detroit	Substance Abuse
Positive Images	Substance Abuse
Providence Hospital	CVD
Provider Service Representatives (PRS)	Immunization
Quality Behavioral Health (QBH)	Substance Abuse
RARE Care Mobile Unit	HIV-AIDS, STD, Institutional Access
REACH (Racial and Ethnic Approaches to Com. Hlth.)	Diabetes
Regional Community Prevention Planning Group (RCPG)	HIV-AIDS, Institutional Access
S.A.F.E.T.Y. (troubled youth)	Substance Abuse
SEMDON (Diabetes Outreach Network)	Diabetes
SHAR Women and Children	Substance Abuse
St. Johns Hospital	Cancer, Teen Pregnancy
Southeastern Michigan HIV/AIDS Council (SEMHAC)	HIV-AIDS, Institutional Access
Syphilis Elimination Board	STD
Syphilis Elimination Council	STD
Today's Adolescents Becoming Aware (TABA)	HIV-AIDS
Tri-Cities Tobacco Reduction Coalition	Diabetes
Thirty-sixth District Court	HIV-AIDS, STD
Voices of Detroit Initiative (VODI)	Cancer, CVD, Teen Pregnancy
Wayne County Health Department	CVD
Wayne County Jail	HIV-AIDS, STD
Wayne State School of Medicine	CVD
Wayne State University	CVD, Lead
Wellness Plan MC	Institutional Access
Women's Infants and Children (WIC)	Immunization, Lead, Institutional Access